

Name
in
Full

CERTIFICATE OF DEATH

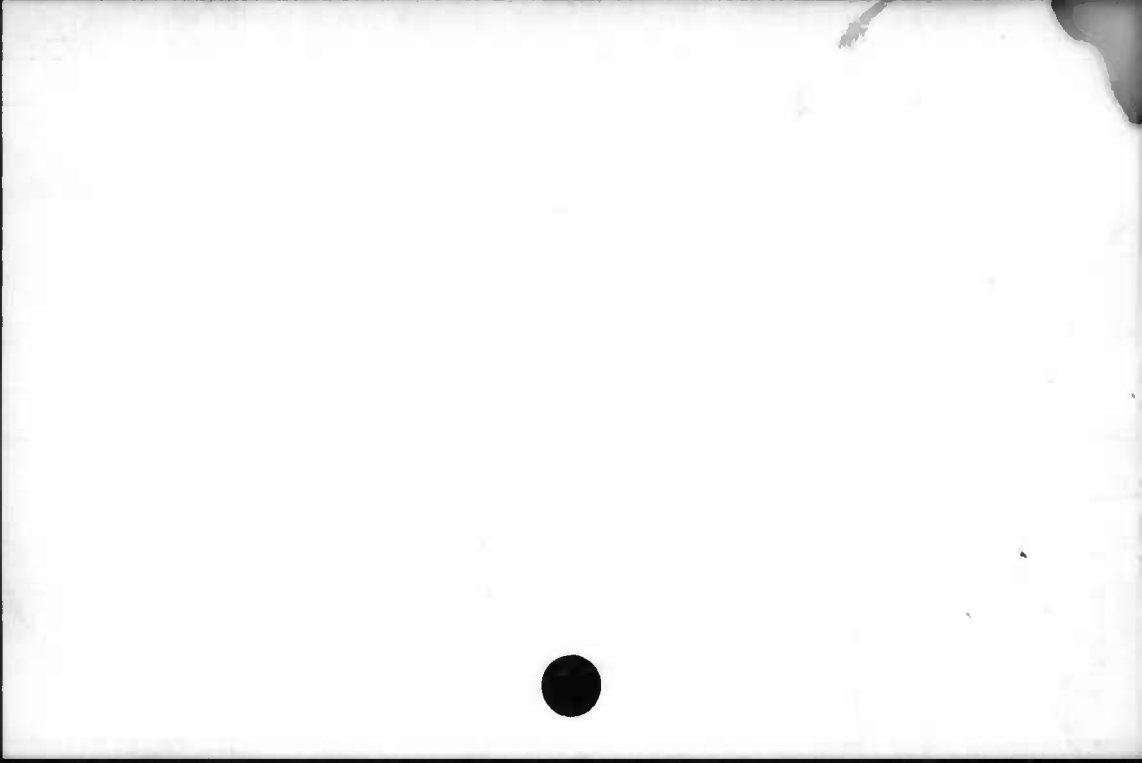
TO BE ANSWERED BY
- NEAREST FRIEND

Died at <i>Cumtious</i>		County <i>Adams</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Jan</i>	Day <i>17</i>	Age <i>63</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>Blk</i>		Birth-place <i>md</i>		
Married, <i>yes</i> Widowed		Occupation <i>Laborman</i>			
Name of Wife or Husband <i>Mary A Barnes</i>					
Father's Name <i>—</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Brother Barnes</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>1 yr</i>
Immediate <i>Cardiac Murmur</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W A Perry</i>
	Address <i>Cumtious md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Thomas H. Benton

CERTIFICATE OF DEATH

Died at *near Angleside* ^{Town}*Queen Anne* ^{County}

MARYLAND

Date
of death 1905Month
1Day
31Age
17Months
5Days
—

Sex

*Female*Color or
Race*Black*Birth
place*near Angleside*

Occupation

*Farm Hand*Where Residing if not
at place of death*near Angleside*~~Married~~, Single
or WidowedName of Wife or
Husband*Single*Father's
Name*Geo H Benton*Father's
Birthplace*near Angleside*Mother's
Maiden Name*Sarah Gould*Mother's
Birthplace*near Roe*Name of person giving
information*Geo H Benton*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Measels

How long

Four Weeks

Immediate

exhaustion

How long

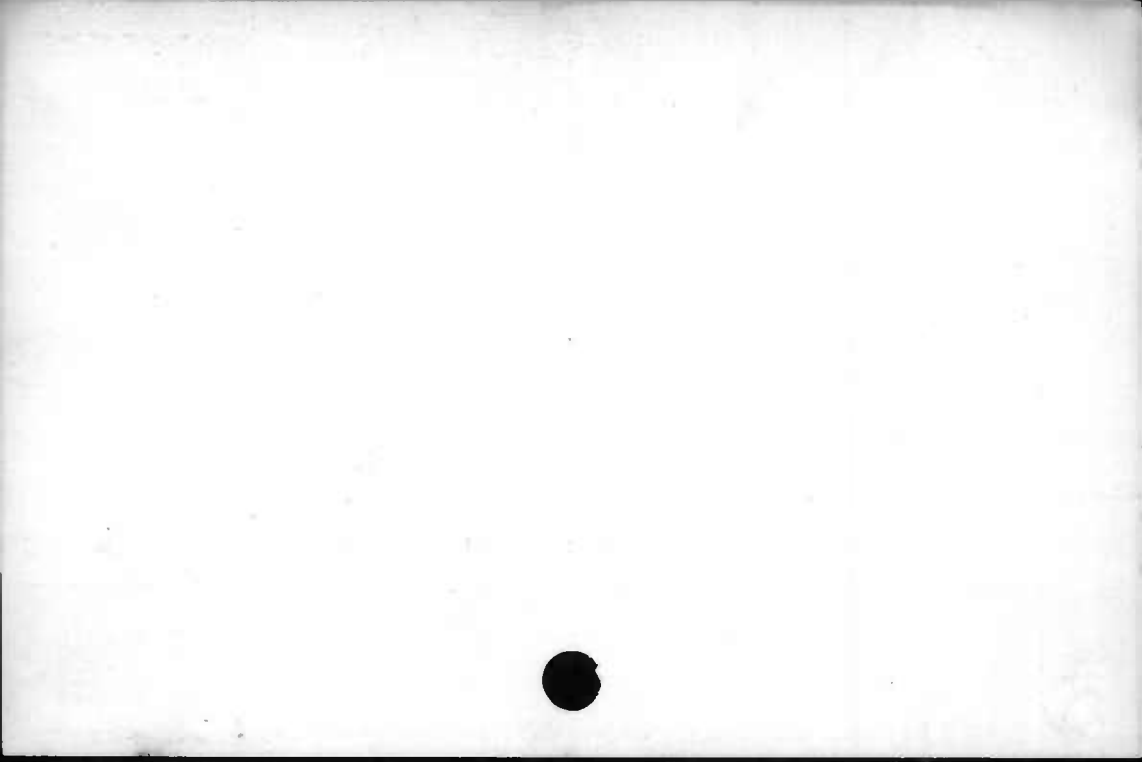
Are the name, age, sex, color, date
and place correctly given above?*Y*Signature of
Physician*H. H. Nelson*

Address

undertaker

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

Frances Hurretta Blake

CERTIFICATE OF DEATH

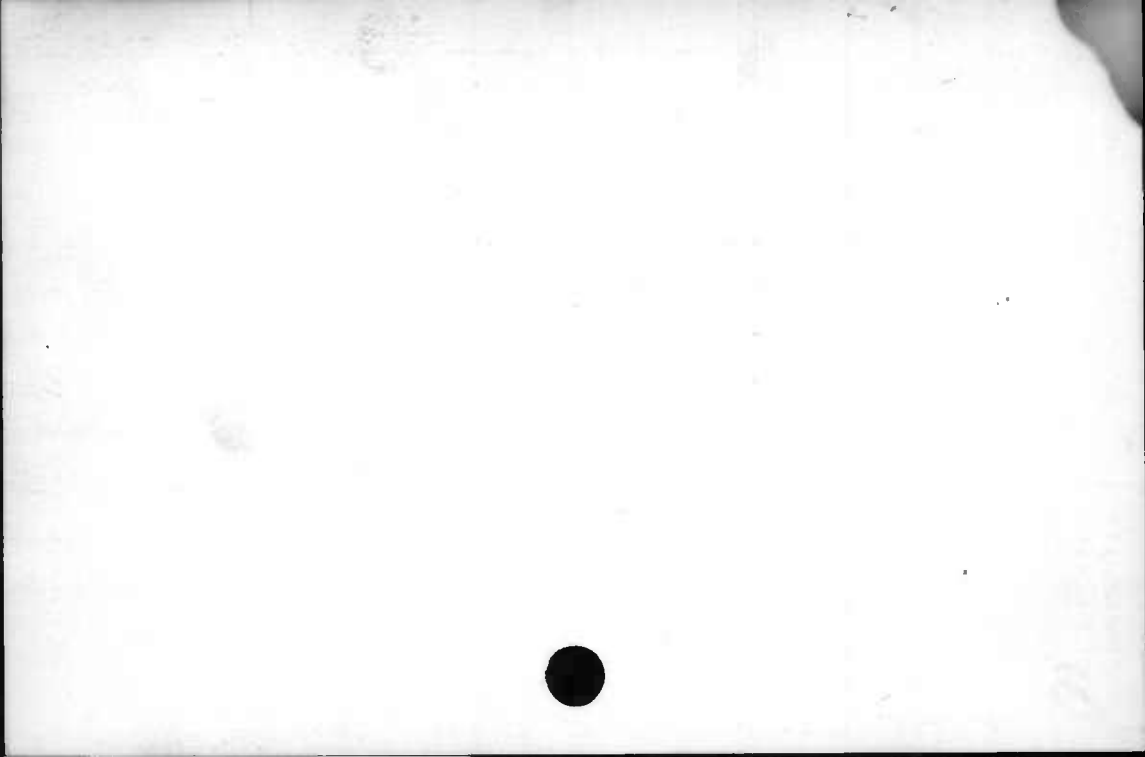
MARYLAND

Died at <i>near Hagerstown</i>		Town <i>Hagerstown</i>		County <i>Frederick</i>	
Date of death <i>1905</i>	Month <i>1</i>	Day <i>10</i>	Age <i>22</i>	Years <i>10</i>	Months <i>2</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birthplace <i>Frederick</i>		
Occupation <i>leaver</i>			Where Residing if not at place of death <i>Place of death</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Perry H. Blake</i>			Father's Birthplace <i>Frederick</i>		
Mother's Maiden Name <i>Susan Leach</i>			Mother's Birthplace <i>Frederick</i>		
Name of person giving information <i>Perry H. Blake</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Tuberculosis</i>	How long <i>1 yr</i>
Immediate <i>Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John H. [illegible]</i>
	Address <i>Frederick</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Sol Bouladin

CERTIFICATE OF DEATH

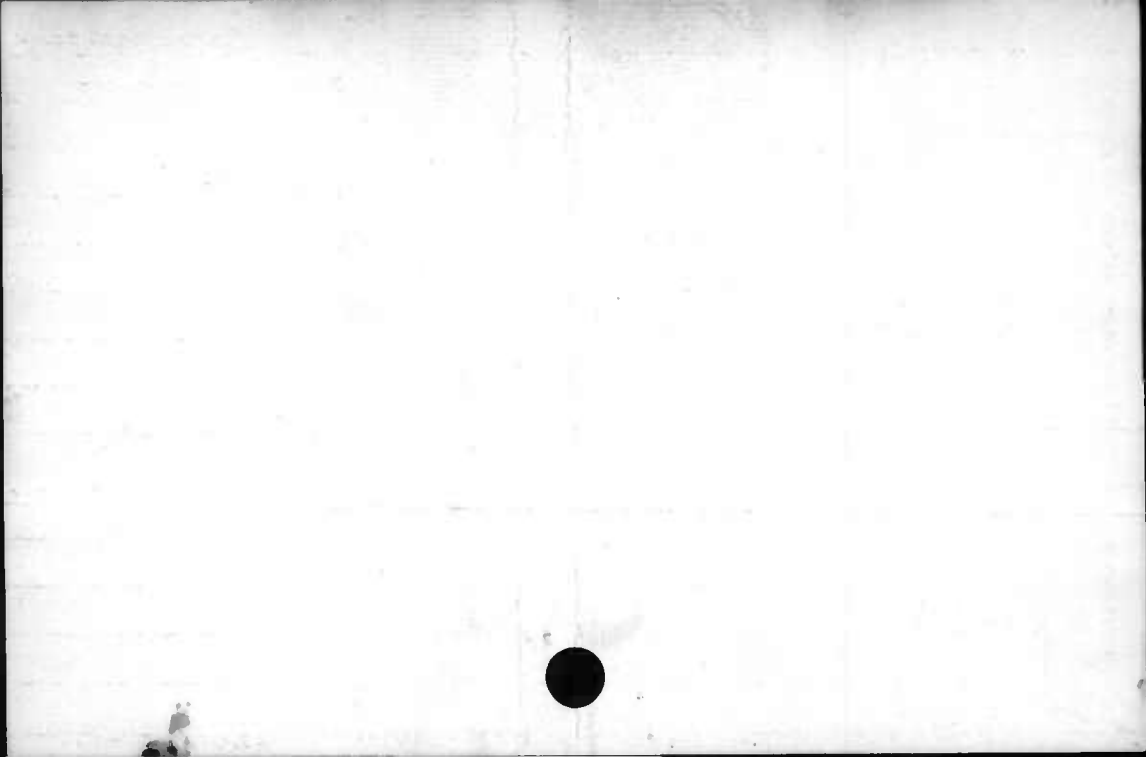
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wm. Town</u>		County <u>2</u>		MARYLAND	
Date of death <u>1901</u>	Month <u>1</u>	Day <u>9</u>	Age <u>1</u>	Months <u>6</u>	Days
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>La Co</u>		
Occupation <u>—</u>		Where Residing if not at place of death <u>La Co</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Salomon Bouladin</u>			Father's Birthplace <u>La Co</u>		
Mother's Maiden Name <u>Jane Johnson</u>			Mother's Birthplace <u>La Co</u>		
Name of person giving information <u>Sol Bouladin</u>			How related to deceased <u>Son</u>		

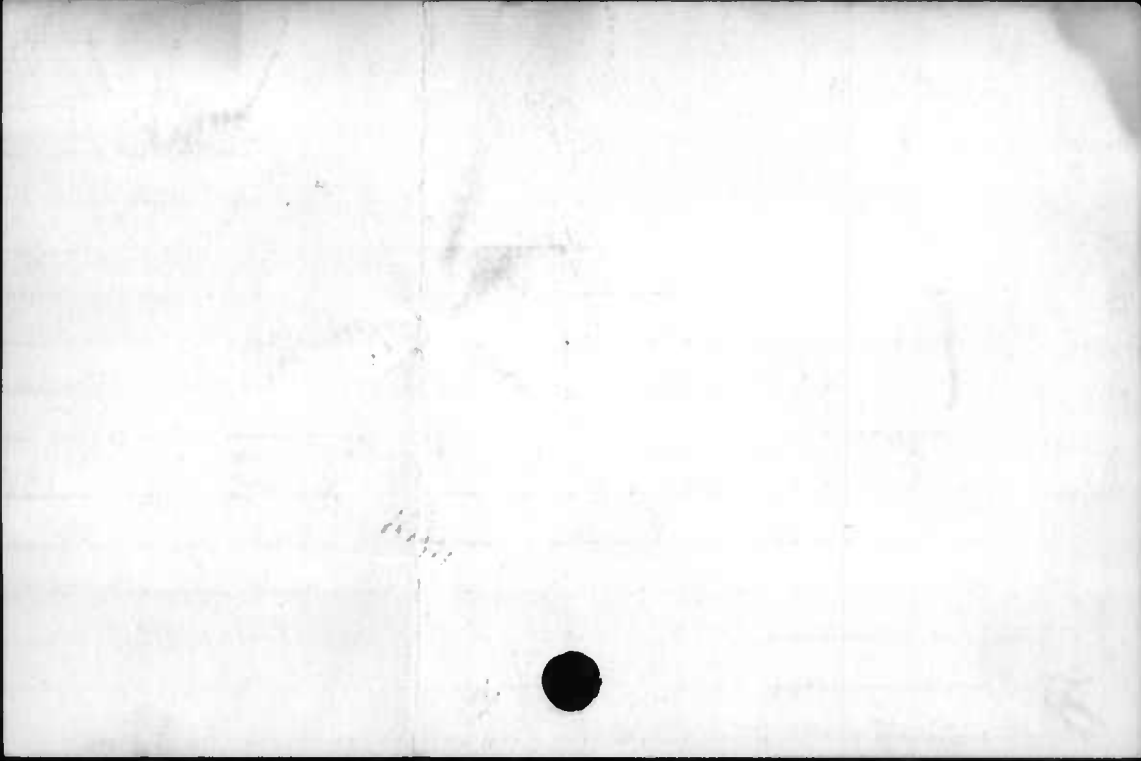
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Suffocation</u>	How long <u>1 Day</u>
Immediate <u>Heart failure</u>	How long <u>...</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. H. McCombs</u>
	Address <u>Wm. Bouladin</u>
Accident or Suicide?	



Name in Full		Hattie May Bowen				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Church Hill	County Queen Anne's	MARYLAND		
		Date of death		1905	Month Jan	Day 11	Age 30	Years 11
		Sex		Female		Color or Race	White	
		Occupation		Housewife		Birth-place	New Jersey	
		Where Residing if not at place of death		Philadelphia Pa				
		Married, Single or Widowed		Married		Name of Wife or Husband	James H Bowen	
		Father's Name		Joseph Barker		Father's Birthplace	Germany	
		Mother's Maiden Name		Fannie Price		Mother's Birthplace	New York City	
Name of person giving information		James H Bowen		How related to deceased		Husband		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Pulmonary Tuberculosis		How long		
		Immediate		Exhaustion		How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		7 yrs.		
		Signature of Physician		W. G. Capps		1 week.		
Address		Church Hill		Md				
Accident or Suicide?								



Name
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CERTIFICATE OF DEATH

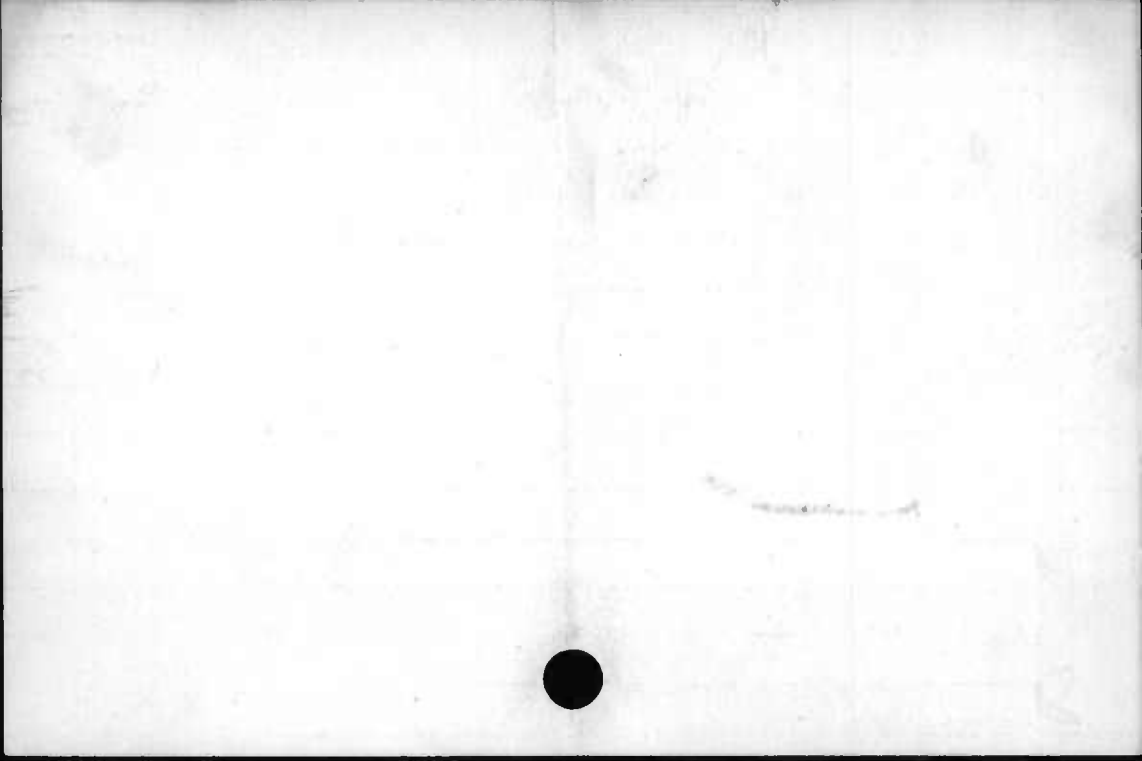
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Roberts</i> ^{Town}		<i>2. Anne</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>1</i>	Day <i>23</i>	Years <i>Infant</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Id</i>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Albert P Bradley</i>		Father's Birthplace <i>Id</i>			
Mother's Maiden Name <i>Sallie Marshall</i>		Mother's Birthplace <i>Id</i>			
Name of person giving information <i>Albert P Bradley</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born</i> <i>S.</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. E. Graham</i>
	Address <i>Ingleside Id</i>
Accident or Suicide?	



Name in Full		Blara E. Butler				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at Price Tcwn		Queen Anne County		MARYLAND			
		Date of death	1905	Month	1	Day	20	Age	18
		Sex	Female	Color or Race	White	Birthplace	Queen Annesles	Months	4
		Occupation	School	Where Residing If not at place of death	Place of death	18			
		Married, Single or Widowed	Single	Name of Wife or Husband					
		Father's Name	H. A. Butler	Father's Birthplace	Delaware				
		Mother's Maiden Name	Minnie Kumble	Mother's Birthplace	Queen Annesles				
Name of person giving information		Minnie Kumble		How related to deceased		Mother			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Acute Leptomeningitis Toxic		How long		5 weeks	
		Immediate		Purulent Meningitis		How long		3 days	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		M. J. Orkutt M.D.	
				Address		Baltimore, Queen Annesles			
		Accident or Suicide?		No					



Name
in
Full

Clara May Buff
Town Clark's Corner County Queen Anne's

CERTIFICATE OF DEATH

MARYLAND

Died at Date of death 1905 Month 1 Day 31 Age Years 18 Months 18 Days

Sex Female Color or Race Black Birth-place Clark's Corner

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband Catherine Buff

Father's Name John Buff Father's Birthplace

Mother's Maiden Name Catherine Buff Mother's Birthplace Clark's Corner

Name of person giving information William J Buff How related to deceased Grand Father

CAUSES OF DEATH

Primary No Doctor How long 18
Immediate Whooping Cough How long 6 months

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician William J Buff

Address Ror P O

Accident or Suicide? Queen Anne's Co Md

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

No Name -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Roseville</i>		Town <i>Queen Anne's</i>		County	
Date of death <i>1905</i>	Month <i>1</i>	Day <i>19</i>	Age <i>Infant</i>	Years	Months
Sex <i>Girl</i>	Color or Race <i>White</i>		Birth-place <i>Ad</i>		Days
Occupation			Where Residing If not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>W. J. Davis</i>		Father's Birthplace <i>Ad</i>			
Mother's Maiden Name <i>Mary F. Sevey</i>		Mother's Birthplace <i>Ad</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Jas. Abraham</i>
	Address <i>Highside</i>
Accident or Suicide?	

Church Hill
Pennsylvania

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>new Centreville</i> Town		<i>Q Annes</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>Jan</i>	Day <i>1</i>	Age <i>18</i>	Years	Months Days
Sex <i>female</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
Occupation <i>House girl</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Robert H Earle</i>	Father's Birthplace <i>2</i>				
Mother's Maiden Name <i>Mary Earle</i>	Mother's Birthplace <i>—</i>				
Name of person giving Information <i>Dr J D Perry</i>	How related to deceased <i>—</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cold</i>	How long <i>93</i> weeks
Immediate <i>Pneumonia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr J D Perry</i>
	Address <i>Centreville</i>
Accident or Suicide? <i>No</i>	



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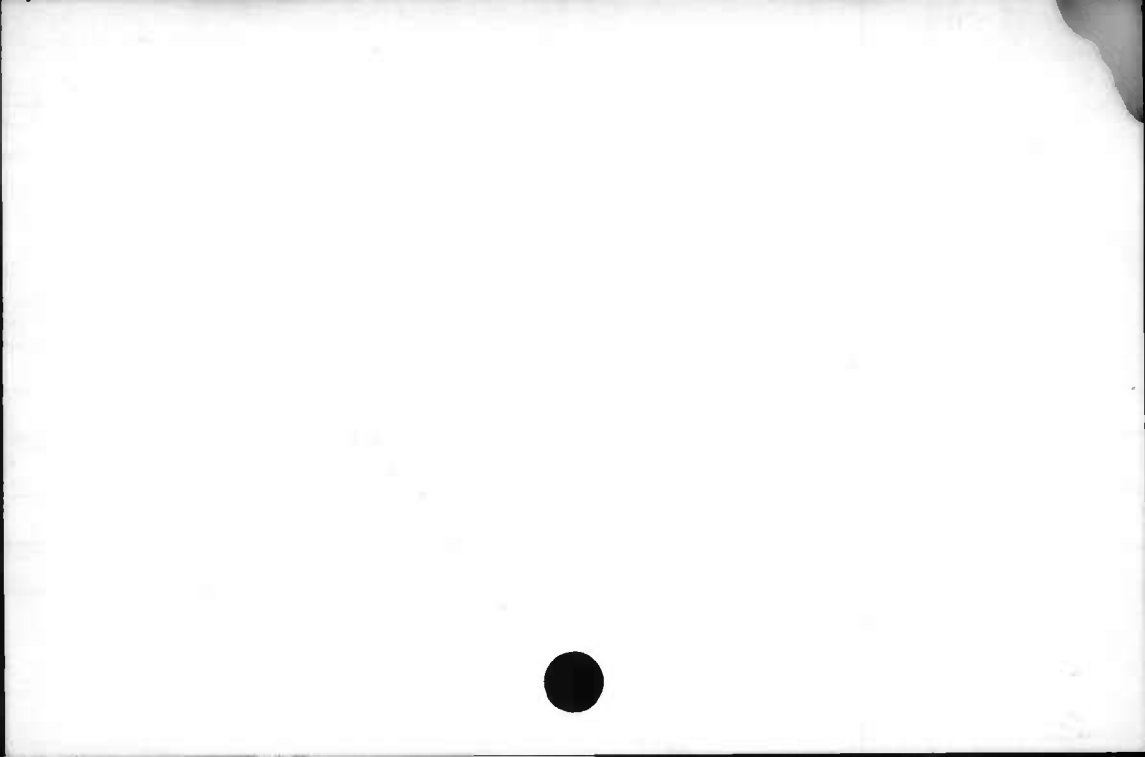
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Centreville</i>		County <i>Q. S.</i>		MARYLAND	
Date of death 190	5	Month	Jan	Day	15	Age	54
Sex		Color or Race		Birth-place		Months	
Married, Single or Widowed		White		A. A. Co.		Days	
Name of Wife or Husband		Occupation					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		Maudie Phypers				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age 67	How long	Yrs
Immediate	Phthisis Pulmonaris	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
Accident or Suicide?		Centreville	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Carroll</i>		Town <i>Carroll</i>		County <i>2 A</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>1</i>	Day <i>2</i>	Age <i>2</i>	Years <i>2</i>	Months <i>2</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Carroll</i>				
Occupation <i>none</i>				Where Residing if not at place of death <i>---</i>			
Married, Single or Widowed <i>---</i>				Name of Wife or Husband <i>---</i>			
Father's Name <i>Frederick S. Pearson</i>				Father's Birthplace <i>Charles Co</i>			
Mother's Maiden Name <i>Mary F. Hunt</i>				Mother's Birthplace <i>2. A. Co</i>			
Name of person giving information <i>Frederick S. Pearson</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dead Born</i>	How long	<i>---</i>
Immediate	<i>---</i>	How long	<i>---</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>[Signature]</i>	
		Address <i>Carroll</i>	
Accident or Suicide? <i>no</i>		<i>[Signature]</i>	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Centerville* ^{Town} *Queen Anne* ^{County}Date of death *1905* ^{Month} *1* ^{Day} *21* Age ^{Years} *87* ^{Months} ^{Days}Sex *Female* Color or Race *White* Birthplace *Baltimore Co*Occupation *Lady* Where Residing if not at place of death *Place of death*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *Mr Fisher* Father's Birthplace *Harford Co*Mother's Maiden Name *Elizabeth Carson* Mother's Birthplace *Belts Co*Name of person giving information *Mrs Mr Woodford* How related to deceased *Niece*

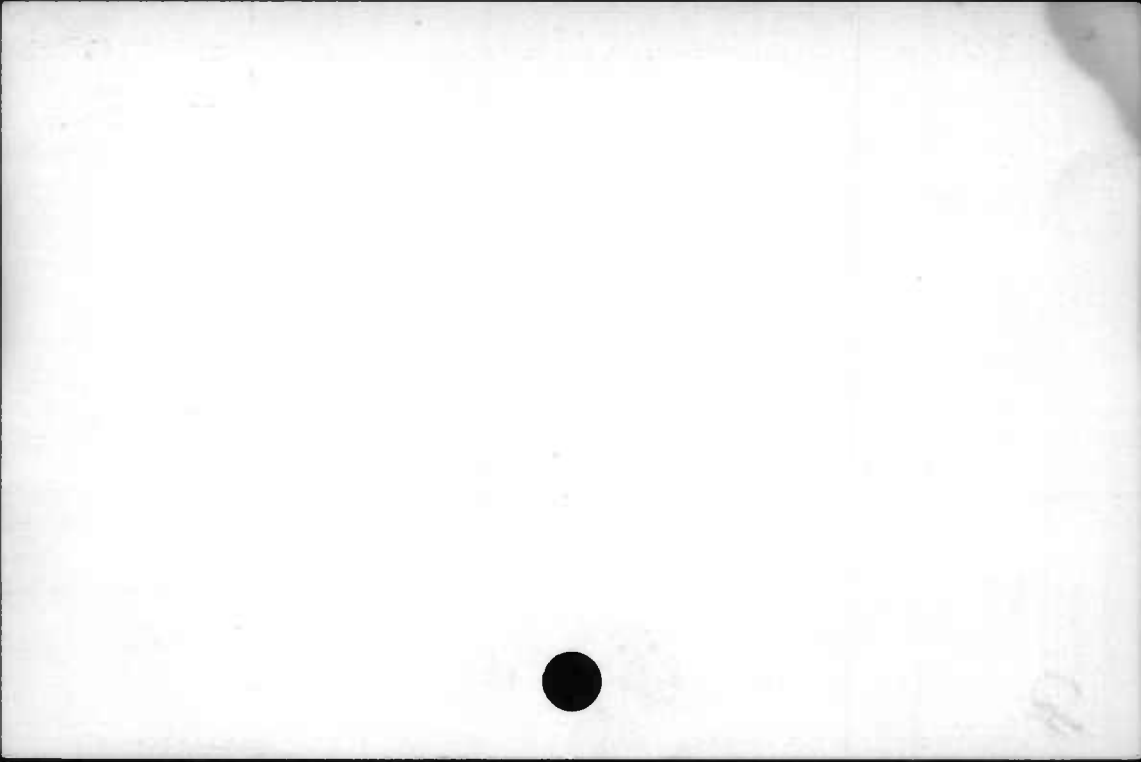
CAUSES OF DEATH

Primary *Senility* *154* How long *—*Immediate *—* How long *—*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*W. M. Woodford M.D.*
Centerville,
*Queen Anne Co*Accident or Suicide? *no*



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

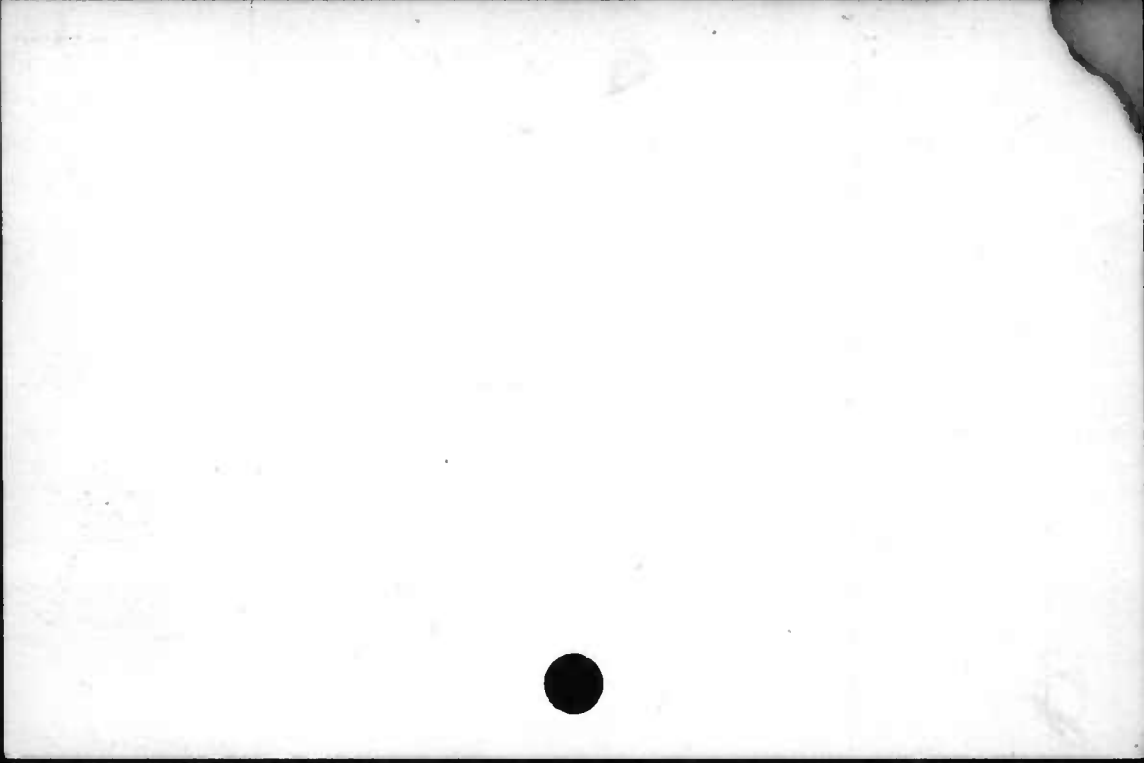
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mea</i> ^{Town} <i>Centreville</i> ^{County} <i>D. A.</i>			
Date of death <i>1904</i>	<i>Jan</i> ^{Month}	<i>3</i> ^{Day}	<i>3</i> ^{Years}
Sex <i>Female</i>	Color or Race <i>colored</i>	Birthplace <i>D. A.</i>	<i>2</i> ^{Months}
Occupation	Where Residing if not at place of death <i>D. A.</i>		
Married, Single or Widowed <input checked="" type="checkbox"/>	Name of Wife or Husband		
Father's Name <i>Samuel T. Libb.</i>	Father's Birthplace <i>D. A.</i>		
Mother's Maiden Name <i>Clara V. Wright</i>	Mother's Birthplace <i>D. A.</i>		
Name of person giving information <i>Samuel T. Libb.</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>2 weeks</i>
Immediate <i>Croup</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>None</i>
<i>Jos. G. Dawn</i>	Address <i>Centreville Md</i>
Accident or Suicide? <input type="checkbox"/>	



Name

in
Full

Mr. David Hurlocks.

CERTIFICATE OF DEATH

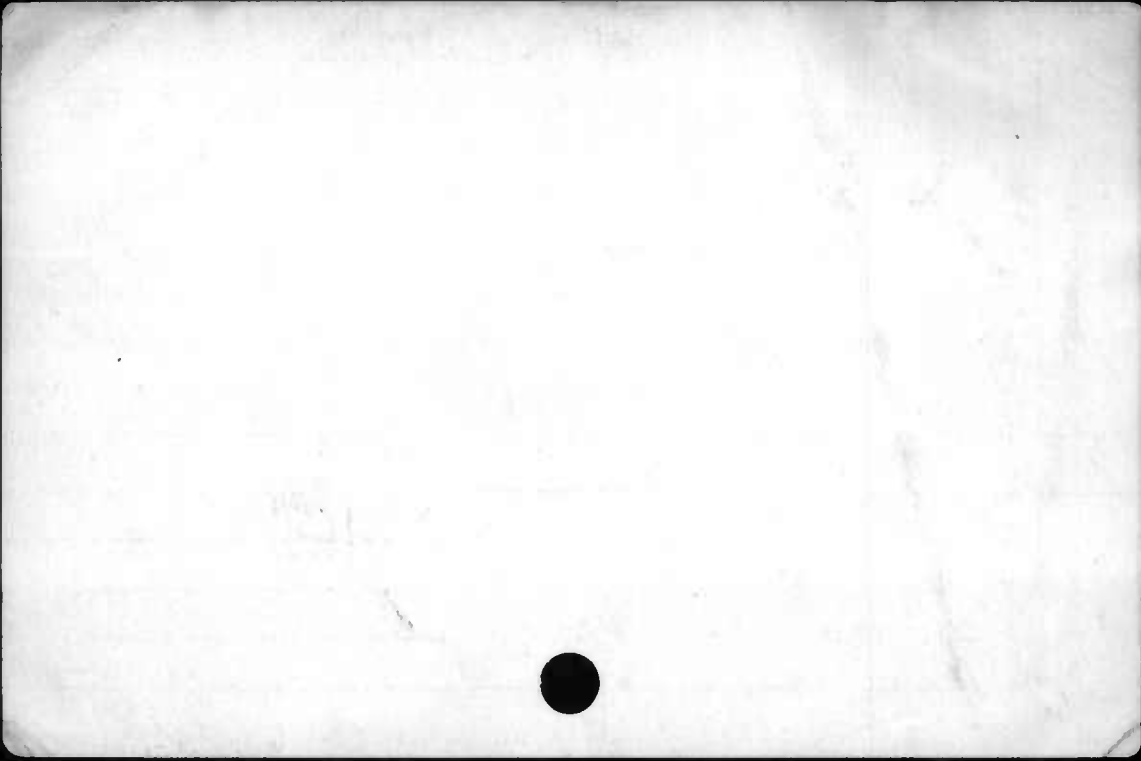
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Church Hill</i>		Town <i>Ch. Hill</i>		County <i>La. a</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Jan.</i>	Day <i>12</i>	Years <i>80</i>	Months <i>3</i>	Days <i>29</i>		
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Kent Co Md</i>				
Married, Single or Widowed <i>Widowed</i>		Occupation <i>Retired Farmer</i>					
Name of Wife or Husband							
Father's Name <i>Paul Hurlock</i>				Father's Birthplace <i>Del.</i>			
Mother's Maiden Name <i>Borgh. Seamus</i>				Mother's Birthplace <i>New York</i>			
Name of person giving information <i>Barbara Hurlock</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>8 yrs</i>
Immediate <i>Heart Failure</i>	How long <i>2 yrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Chas W. Hubbard MD</i>
	Address <i>Lexington Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

~~not named~~ **Jump (MAD)**
Town **Green** County **Anne**

CERTIFICATE OF DEATH

MARYLAND

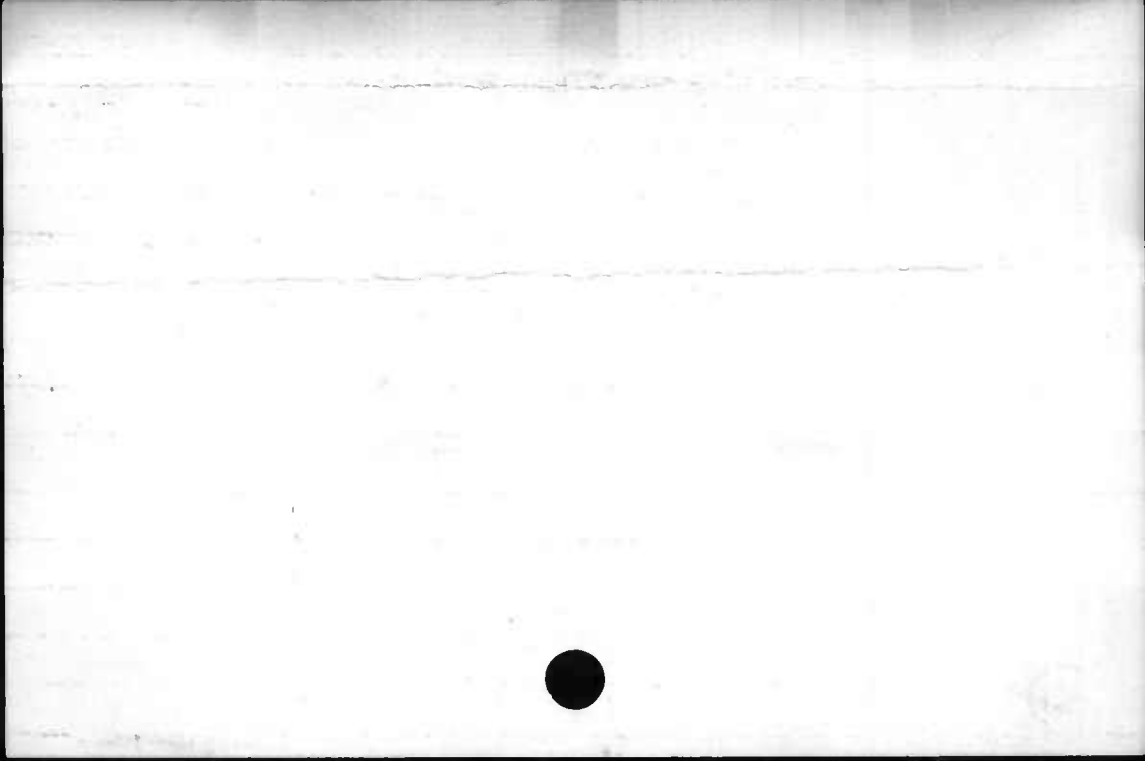
TO BE ANSWERED BY
NEAREST FRIEND

Died at near Green		Date of death 1905		Month Jan	Day 24	Age —	Years —	Months —	Days —
Sex Male		Color or Race White		Birth-place near Green					
Occupation Infant				Where Residing if not at place of death —					
Married, Single or Widowed —		Name of Wife or Husband —							
Father's Name Harry Jump				Father's Birthplace Green Anne Co					
Mother's Maiden Name Miss Carter				Mother's Birthplace Green Anne Co					
Name of person giving information Harry Jump				How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping cough	How long	Four weeks
Immediate	Bronche Pneumonia	How long	Three weeks
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Howard B. Hopkins	
		Address Green MD.	
Accident or Suicide?			



Name
in
Full

Lottie Mactl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *near Carmichael*

Town

2 *in*

County

Date
of death 1905

Month

1

Day

4

Age

25

Years

Months

—

Days

—

Sex

Female

Color or
Race

Negro

Birth-
place

Unknown

Occupation

House wife

Where Residing if not
at place of death

near Carmichael

Married, Single
or Widowed

N

Name of Wife or
Husband

Lottie Mactl

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

—

Mother's
Birthplace

—

Name of person giving
In formation

Mr Mactl

How related
to deceased

Nephew

CAUSES OF DEATH

Primary

Pregnancy

(Born dead)
Hydrocephalus

How long

Nine months

Immediate

Result of confinement

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Howard R. Hopkins

Address

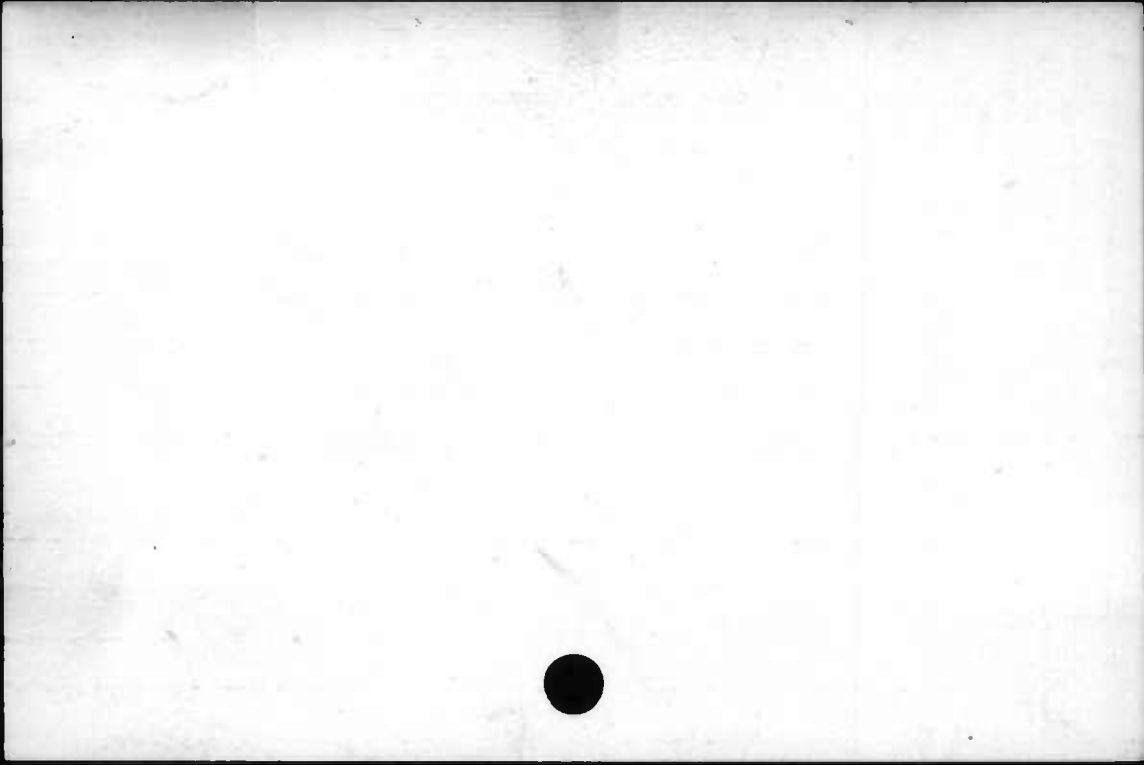
2 newstown

Md.

Accident or Suicide?

—

PHYSICIAN
OR CORONER



Name
in
Full

Lane Mason

CERTIFICATE OF DEATH

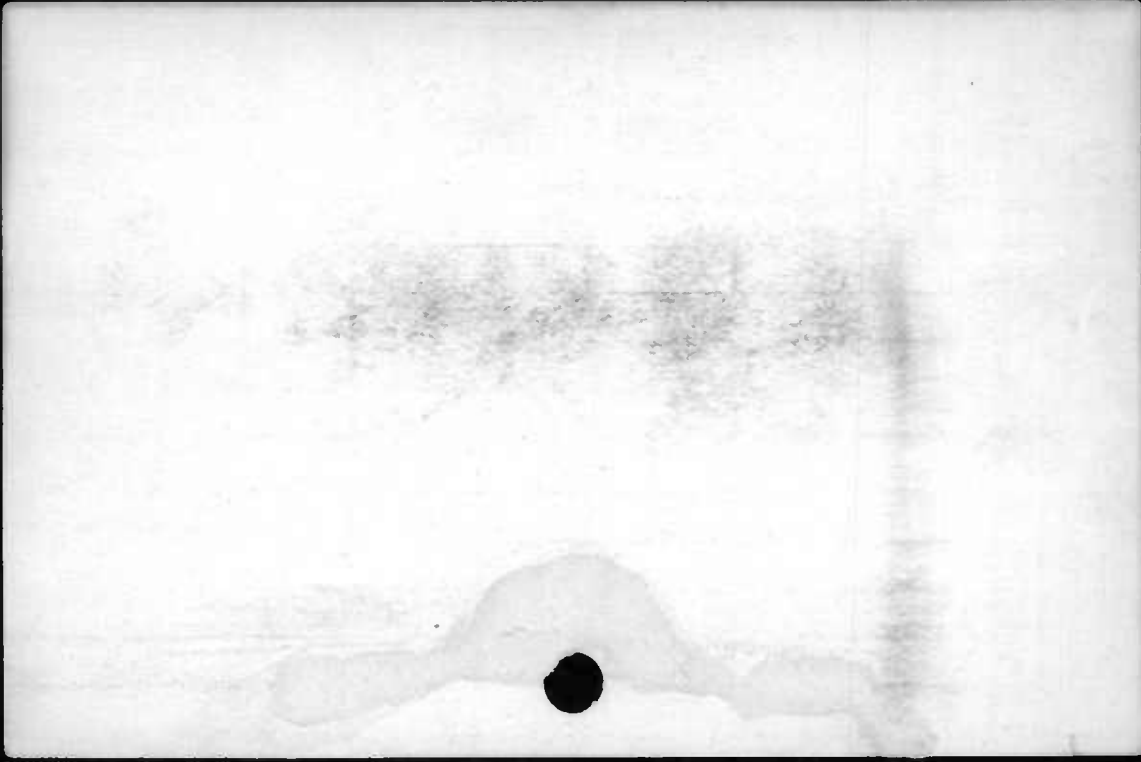
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Perry's Creek</i>		Town <i>Perry's Creek</i>		County <i>Sevier</i>		State <i>Sevier</i>	
Date of death <i>1905 Jan.</i>		Month <i>Jan.</i>		Day <i>25</i>		Age <i>79</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Talbot Co. Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Place of death</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Jacob Mason</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>C.</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>C.</i>					
Name of person giving information <i>Glenn Thomas</i>		How related to deceased <i>1-</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>20 yrs.</i>
Immediate	<i>Cyphoscoliosis - Trauma</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>M. Adams</i>	
		Address <i>Sevier County, Md.</i>	
Accident or Suicide?		<i>✓</i>	



Name
in
Full

Merrick (M.P.)

CERTIFICATE OF DEATH

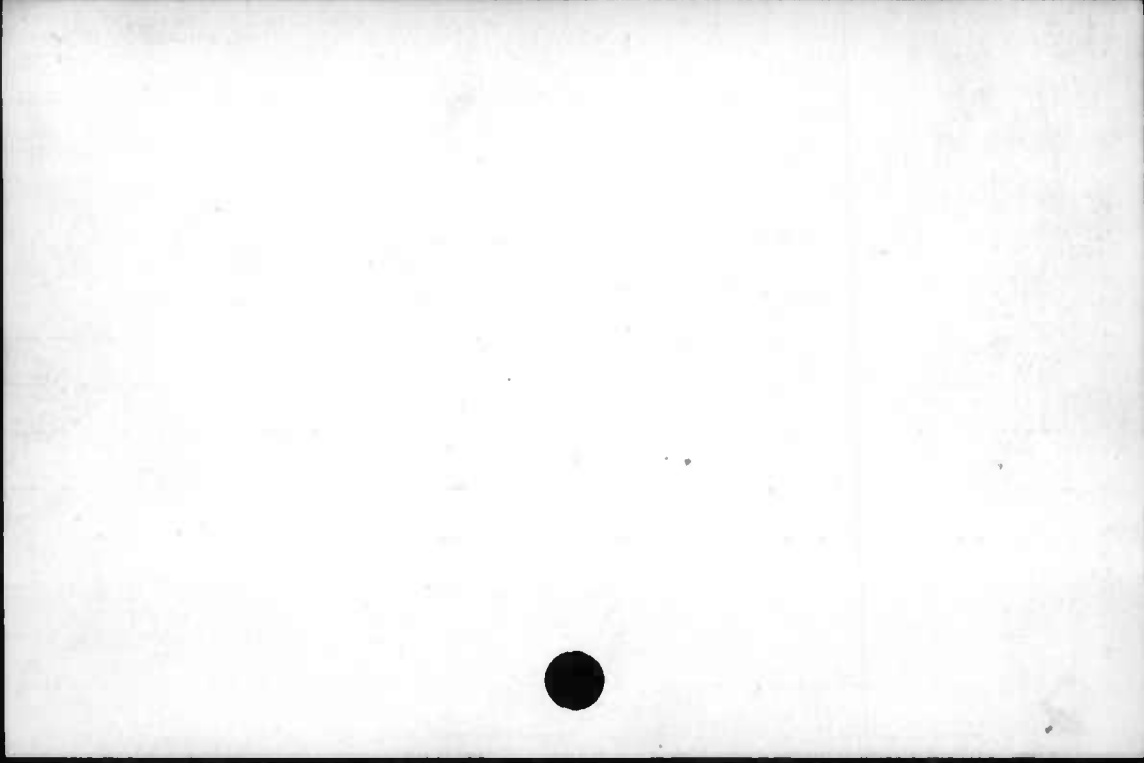
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ingleside</i>		Town <i>A</i>		County <i>J. James</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>1</i>	Day <i>14</i>	Age <i>Infant</i>	Years	Months	Only Days <i>1</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ingleside</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>C. P. Merrick</i>			Father's Birthplace <i>Id</i>				
Mother's Maiden Name <i>Octavia Griffith</i>			Mother's Birthplace <i>Id</i>				
Name of person giving information <i>C. P. Merrick</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Imperfect or weak circulation</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Law. C. Graham</i>
	Address <i>Ingleside Id</i>
Accident or Suicide?	



Name
in
Full

Annie R Newcomb

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at near Angleride, Queen Anne's County

Date of death 1905 11 21 Age 58 Months Days

Sex Female Color or Race Black Birthplace Queen Anne's County

Occupation Housewife Where Residing if not at place of death Angleride

Married, Single or Widowed Name of Wife or Husband Charles Newcomb

Father's Name John Cain Father's Birthplace Not known

Mother's Maiden Name Susie Cain Mother's Birthplace " "

Name of person giving information Eli Turner How related to deceased son in law

CAUSES OF DEATH

Primary Pneumonia How long Two weeks

Immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Howard E. Wilson, Undertaker
Borley Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near</i> <i>Thurplerville</i> ^{Town}		<i>J.C.</i> County	
Date of death <i>1905</i>	Month <i>1</i>	Day <i>9</i>	Years <i>80</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ireland</i>	Months
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Margueritha Porter</i>		
Father's Name <i>Thomas Porter</i>	Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Margaret Porter</i>	Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>Margaret Porter</i>	How related to deceased <i>Wife</i>		

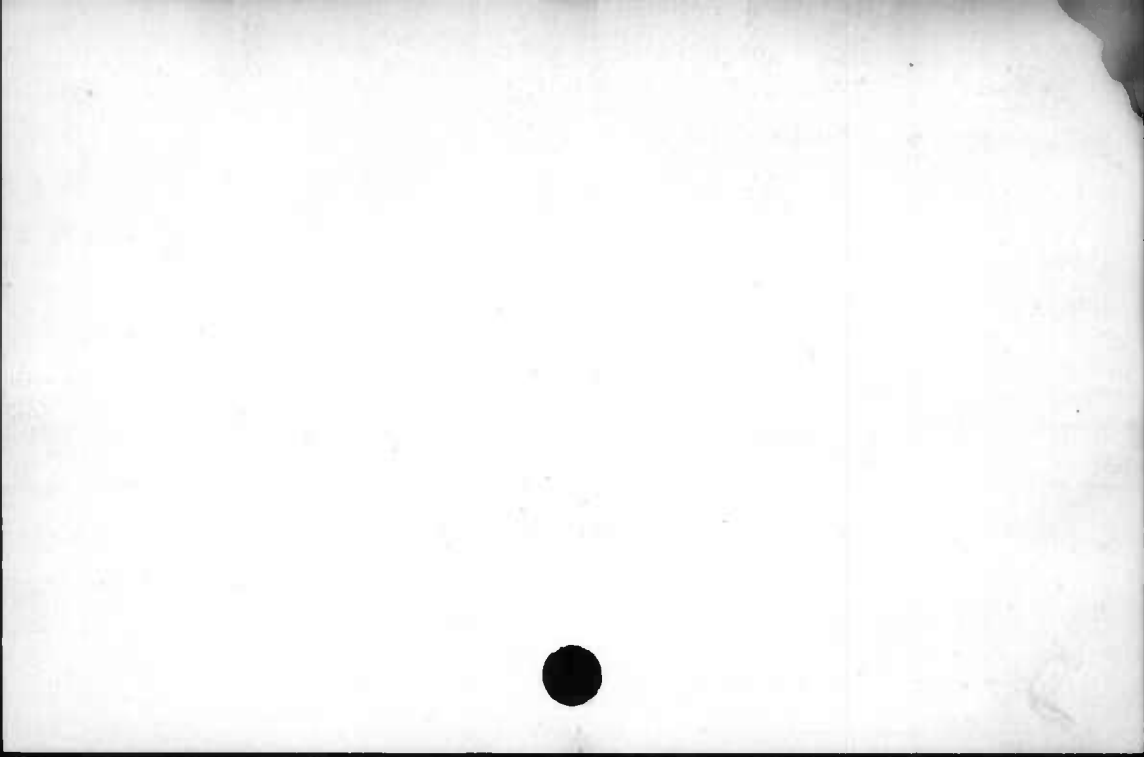
CAUSES OF DEATH

PHYSICIAN
OR CORONER

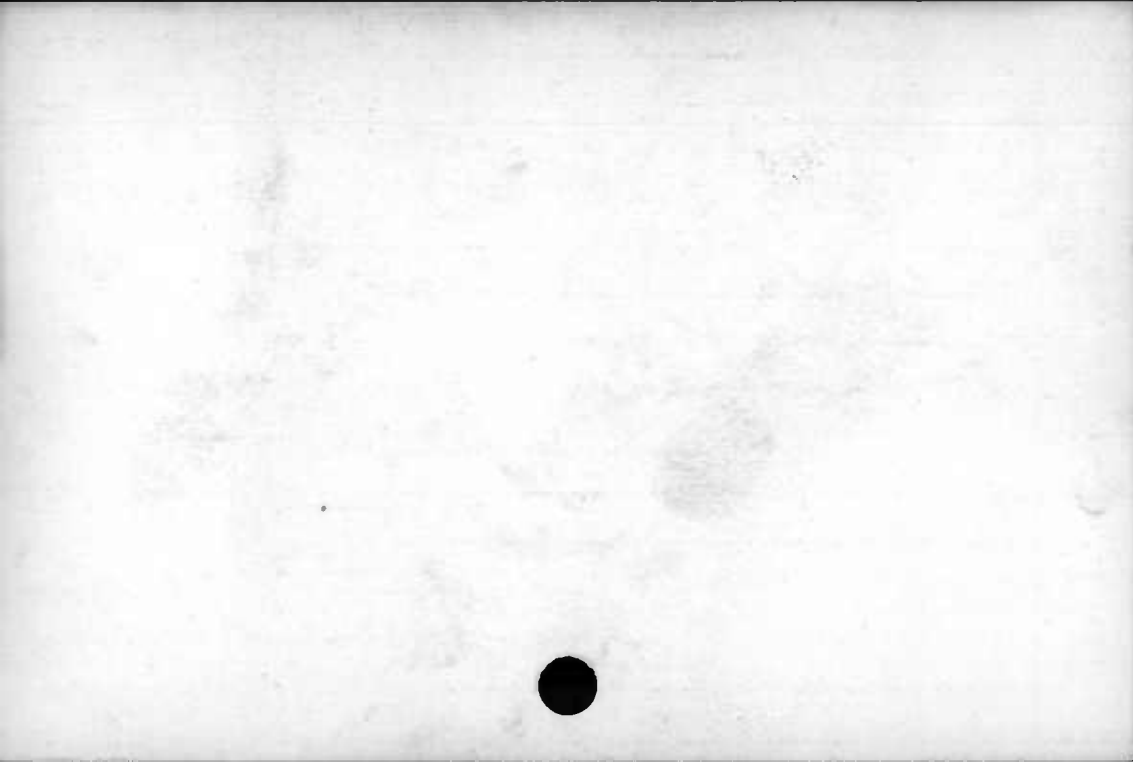
Primary <i>Chronic Nephritis & Hypertension</i>	How long <i>3 or 4 weeks</i>
Immediate <i>Thrombosis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. B. Rowe, M.D.</i>
	Address <i>Thurplerville Md.</i>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH			
Samuel Richark		MARYLAND			
Died at <i>Haydens</i> Town		<i>Queen Anne</i> County			
Date of death	<i>1905</i>	Month	<i>Jan</i>	Day	<i>19</i>
Age	<i>19</i>	Years	<i>19</i>	Months	<i>7</i>
Sex	<i>Male</i>	Color or Race	<i>Black</i>	Birth-place	<i>Ind.</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death <i>Near Haydens</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Edward H. Richark</i>			Father's Birth-place	<i>Ind.</i>
Mother's Maiden Name	<i>Mary Hallie Bordley</i>			Mother's Birth-place	<i>Ind.</i>
Name of person giving information	<i>Edward H. Richark</i>			How related to deceased	<i>Father</i>
CAUSES OF DEATH					
Primary	<i>Injury to head from fall on ice</i>			How long	<i>2 weeks</i>
Immediate	<i>Concussion of Brain</i>			How long	<i>16 or 17 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. H. Coppage</i>			
		Address <i>Church Hill</i>			
Accident or Suicide?		<i>Ind.</i>			



Name in Full		Laura L. Rassic				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Butterfield</u> ^{Town}		<u>2 a</u> ^{County}		MARYLAND	
		Date of death <u>1905</u>		<u>1</u> ^{Month}		<u>6</u> ^{Day}	
		Age <u>3</u> ^{Years}		<u>—</u> ^{Months}		<u>—</u> ^{Days}	
		Sex <u>Female</u>		Color or Race <u>Black</u>		Birth-place <u>Butterfield</u>	
		Occupation <u>Murdering</u>		Where Residing if not at place of death <u>Place of death</u>			
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
FATHER'S NAME		Father's Name <u>Sam Rassic</u>				Father's Birthplace <u>—</u>	
		Mother's Maiden Name <u>Laura Rassic</u>				Mother's Birthplace <u>Butterfield</u>	
		Name of person giving information <u>John Rassic</u>				How related to deceased <u>Uncle</u>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <u>Acute Nephritis</u>				How long <u>1 1/2 months</u>	
		Immediate <u>Uremia</u>				How long <u>1 day</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>				Signature of Physician <u>[Signature]</u>	
						Address <u>Butterfield</u>	
		Accident or Suicide? <u>No</u>					



Name
in
Full

CERTIFICATE OF DEATH

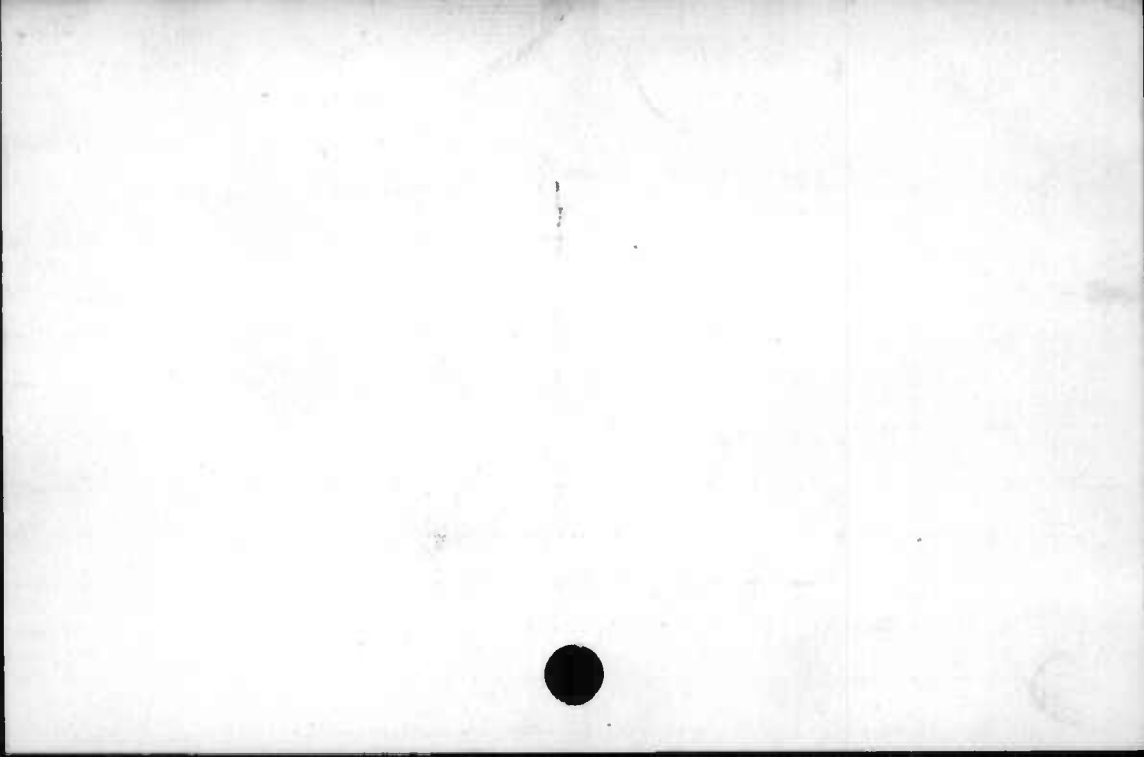
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>David Rochester</i>		Town <i>his home Mor</i>		County <i>Inglew Anne</i>		MARYLAND		
Died at		Date of death <i>1905</i>		Month <i>Jan</i>	Day <i>18</i>	Years <i>68</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Mor Inglew side</i>				
Occupation <i>Former</i>		Where Residing if not at place of death						
Married, Single or Widowed		Name of Wife or Husband <i>Rechoud Rochester</i>						
Father's Name <i>Arthur Rochester</i>		Father's Birthplace <i>Mor Inglew side</i>						
Mother's Maiden Name <i>Sallie Anne Wilson</i>		Mother's Birthplace <i>D. A. Ex</i>						
Name of person giving information <i>Abraham Rochester</i>		How related to deceased <i>brother</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>66</i>
Immediate <i>Exhaustion</i>	How long <i>5 min</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr N. S. Squalley</i>
	Address <i>Church Hill</i> <i>Mor y land</i>
Accident or Suicide?	



Name
in
Full

Debby Stansbury

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

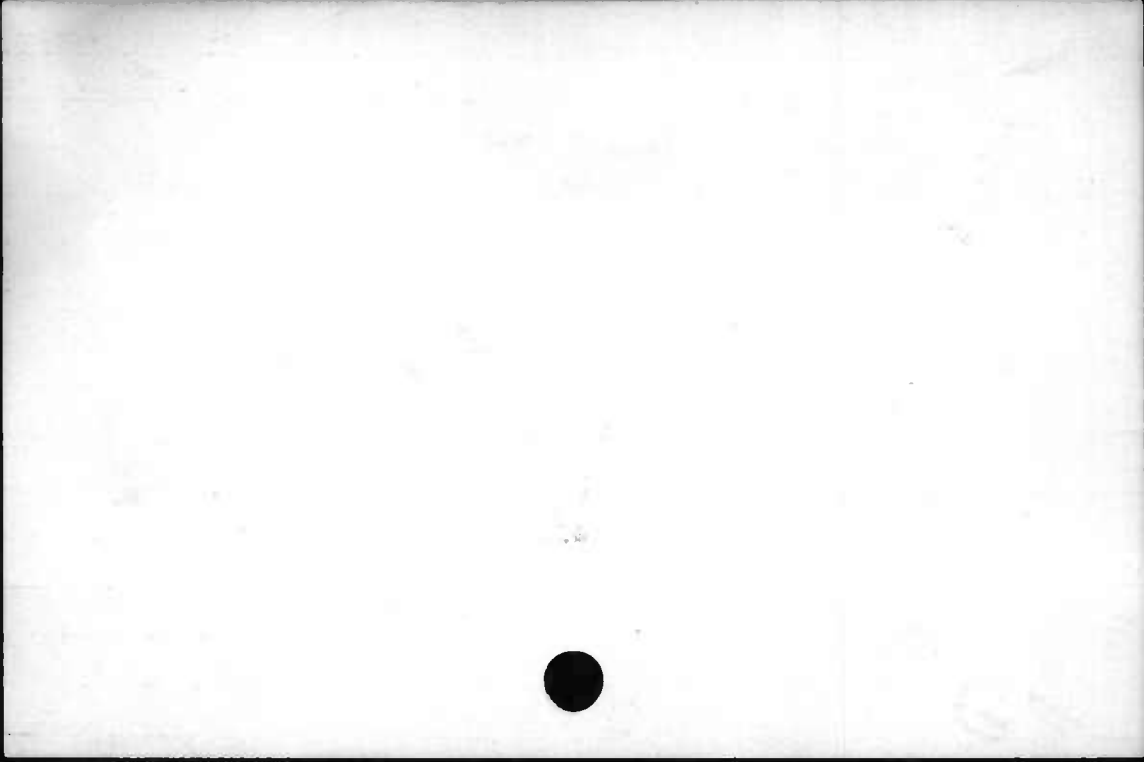
MARYLAND

Died at <i>Blayden</i>		Town <i>Queen Anne</i>		County	
Date of death <i>190</i>	Month <i>Jan</i>	Day <i>30</i>	Age <i>60</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Keokuk, Md.</i>		
Occupation <i>House wife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Tom Stansbury</i>			
Father's Name <i>Phil Stansbury</i>			Father's Birthplace <i>Not known</i>		
Mother's Maiden Name <i>Sally Thomas</i>			Mother's Birthplace <i>Not known</i>		
Name of person giving information <i>Wm. Gibbs</i>			How related to deceased <i>1st Cousin</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Colic - cramp</i>	How long <i>2 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walter H. Fandy</i>
	Address <i>Blithesburg Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Died at

Date

Husband
ofFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Harry Parker Thompson

Town

County

Stevensville

Queen Anne's

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

95 June 17

Age 20 8

L.A. Co

Oysterman

Male

~~White~~

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mother's
Name

Margaret Thompson

How long sick

1 year

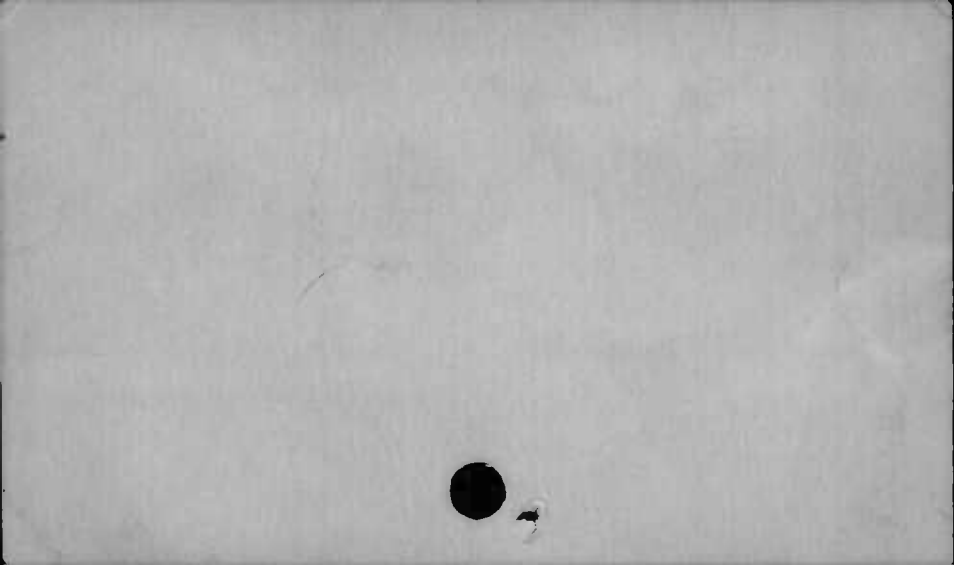
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

CERTIFICATE OF DEATH

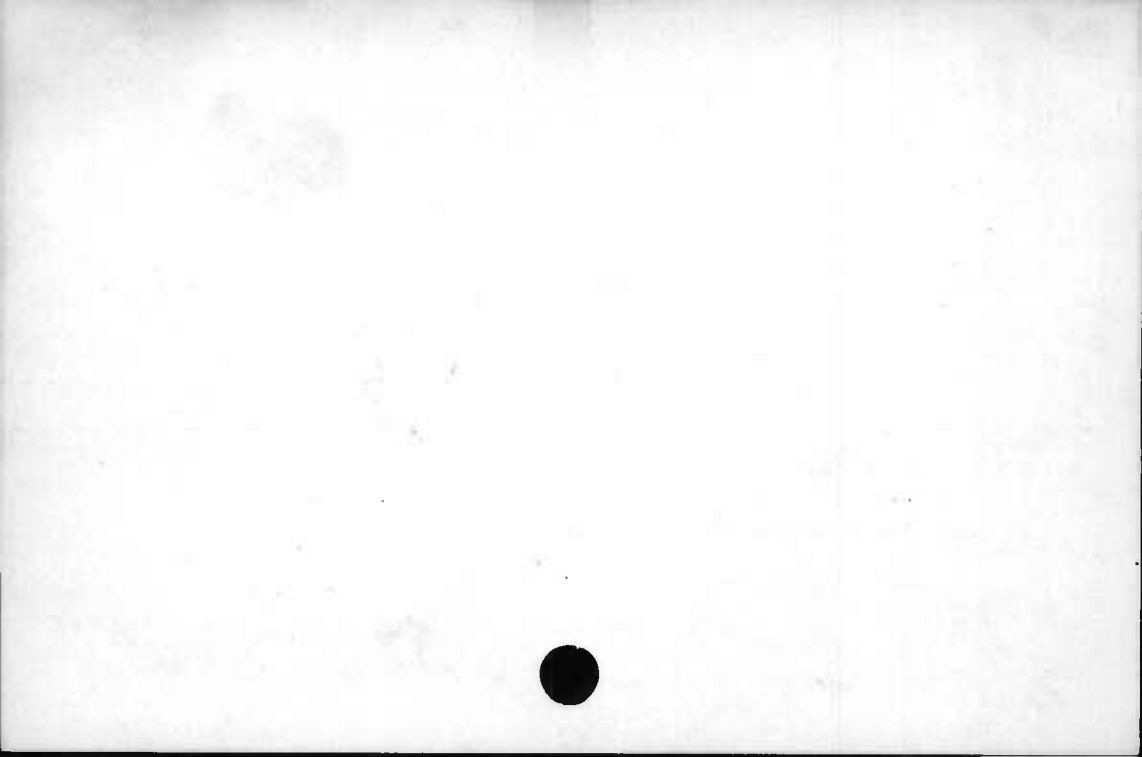
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Church Hill</i>		Town <i>Tulla</i>		County <i>June</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>31</i>	Age <i>19</i>	Years	Months <i>11</i>	Days <i>2</i>	
Sex <i>Female</i>	Color <i>Colored</i>			Birth-place <i>Tulla June Co</i>			
Occupation <i>House wife</i>			Where Residing if not at place of death				
Married, single <i>married</i>		Name of Wife or Husband <i>Joe Wright</i>					
Father's Name <i>Leo Mitchell</i>		Father's Birthplace <i>Tulla June Co</i>					
Mother's Maiden Name <i>Josephine Horner</i>		Mother's Birthplace <i>Tulla June Co</i>					
Name of person giving information <i>Joe Wright</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever followed by acute tubercular</i>	How long <i>8 weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. N. S. Dudley</i>
	Address <i>Church Hill Maryland</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>in work room</i>		Town <i>Eveningtown</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>January</i>	Day <i>14th</i>	Years <i>Age said to be</i>	Months <i>57 years</i>	Days <i>—</i>		
Sex <i>Male</i>	Color or Race <i>"Colored"</i>		Birth-place <i>L. A. Co. Md</i>				
Occupation <i>Labour</i>			Where Residing if not at place of death				
Married, <i>Single</i> or <i>Widowed</i>			Name of Wife or Husband <i>Hannah Young</i>				
Father's Name <i>Don't Know</i>			Father's Birthplace <i>Don't Know</i>				
Mother's Maiden Name <i>Don't Know</i>			Mother's Birthplace <i>Don't Know</i>				
Name of person giving information <i>William Elliott</i> <i>Step Son</i>			How related to deceased <i>Step son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Sudden death, jury inquest, verdict supports natural causes.</i>	How long <i>—</i>
Immediate <i>Most probably disease of heart. Lost sleep, disordered health.</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes at</i>	Signature of Physician <i>J. H. G. Hudson</i>
<i>Obtained from family & verified by J. H. G. Hudson</i>	Address <i>Physician at Inquest</i> <i>Church Hill, Ind</i>
Accident or Suicide?	

